

8/27/99  
V. Vannell

DATE	DESCRIPTION	AMOUNT	BALANCE
08/18/1999	RHARGAT	00000008	08811234
01	FC:131	7600.00	00
02	FC:102	3980.00	00
03	FC:103	6120.00	00



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	54-20 =	34	X \$ 18.00 =	\$ 612.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	8-3 =	5	X \$ 78.00 =	\$ 390.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			\$260.00 =	\$ 0.00
				BASIC FEE (37 C.F.R. § 1.16(a))	\$ 760.00
	Total of above Calculations =				\$ 1762.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28).				
	TOTAL =				\$ 1762.00

6. Small entity status

- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

7. ☒ A check in the amount of \$ 1,762.00 is enclosed.

8. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
- b. ☐ Fees required under 37 C.F.R. § 1.17.
- c. ☐ Fees required under 37 C.F.R. § 1.18.

9. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below

**10. NEW CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label 05514 or ☐ New correspondence address below  
(Insert Customer No. or Attach bar code label here)

NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
COUNTRY	TELEPHONE	FAX			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Jean K. Dudek
SIGNATURE	
REGISTRATION NO.	30,938
DATE	August 17, 1999